Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

100022	
Study Area Code (SAC)	
(An Eligible Telecommunications Carrier (ETC) must provide a cer	rtification form for each SAC through which it provides Lifeline service).
ME	Saco River Telephone LLC
State	ETC Name
OTT Communications	Otelco Inc.
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs? Provide a list of all ETCs that are affiliated with the reporting ETC, a	Yes No No
determined in accordance with Section 3(2) of the Communications A	ct. That Section defines "affiliate" as "a person that (directly or indirectly) tership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
See attached	
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be pr	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by-resident, vice president for operations, vice president for finance, or is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certification All ETCs must complete the	his section
I certify that the company listed above has certification pro	cedures in place to:
	tation prior to enrolling a consumer in the Lifeline program, and presented with documentation of each consumer's household ner enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in t	to a state database and/or notice of eligibility from the state he Lifeline program.
I am an officer of the company named above. I am authorabove. Initial	orized to make this certification for the Study Area Code listed

Annual Recertification Section 2:

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
145	n/a	0	45	100

Recertification Results:

F	G	H = (F-G)	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
98	77	21	1	22

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
2	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block

Certification:

Based on the data entered above, initial the certification(s) below that apply, Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. Vam an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial.

AND/OR

- B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: _____. Results are provided in the chart above in (List database or name of administrator here) Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial __
 - OR

C.)	I certify that my company did not claim federal low income	support for any Lifeline subscribers for the February
	Form 497 data month for the current Form 555 calendar year.	I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.	

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Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	O = ((N + M) * 100)
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
100	22	22

Section 4: Pre-Paid ETCs

All ETC's must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is	the ETC	Pre-Paid?	Yes	No x	-
-					-

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

Signature Block

By signing below, I certify that the company listed abo procedures. I am an officer of the company named at Study Area Code (SAC) listed above. Signed:	
Signature of Officer ed.tisdale@ottcommunications.com	Printed Name and Title of Officer 01/30/2015
Email Address of Officer Jennifer Dunn	Date (207) 688-8277
Person Completing This Certification Form	Contact Phone Number

Affiliated ETCs

SAC	Name
103315	Mid-Maine Telecom LLC
100020	Pine Tree Telephone LLC
110036	Granby Telephone LLC
200258	War Telephone LLC
140064	Shoreham Telephone LLC
250282	Blountsville Telephone LLC
250283	Brindlee Mountain Telephone LLC
250300	Hopper Telecommunications LLC
250312	Otelco Telephone LLC
421917	Otelco Mid-Missouri LLC
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